

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091637, 216
APPLICANT(S)
Hultgren

FILING DATE
8/14/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
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14						
15						
16						
17		1				
18						
19		1				
20	1					
21		1				
22	1					
23		1				
24	1					
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34	1					
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42	1					
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	10		1		1	
TOTAL DEP.	40		1		1	
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
55		1				
56	1					
57		1				
58		1				
59		1				
60		1				
61	1					
62		1				
63		1				
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67		1				
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79		1				
80	1					
81	1					
82		1				
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89						
90		1				
91	1					
92		1				
93						
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98						
99						
100						
TOTAL IND.	6		1		1	
TOTAL DEP.	44		1		1	
TOTAL CLAIMS	50					

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	1					
102	1					
103	1					
104	1					
105	1					
106	1					
107	1					
108	1					
109	1					
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111	1					
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150						
TOTAL IND.	4					
TOTAL DEP.	31	↔	↔	↔		
TOTAL CLAIMS	35					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
151								
152								
153								
154								
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195								
196								
197								
198								
199								
200								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS								